

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>msl/med</i>		0904-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	L.I	1106	9/19/01
RESPONSE FORMALITY REVIEW	<i>gal</i>	<i>1006</i>	11-15-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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6/1/50
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607-5-0
11-15-01